


AO 435 (Rev. 12/03)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions above</i>					
1. NAME Timothy E. Moran		2. PHONE NUMBER (670) 236-2980		3. DATE 3/2/2006	
4. MAILING ADDRESS U.S. Attorney's Office, Horiguchi Bldg., 3rd Floor		5. CITY Saipan		6. STATE MP	7. ZIP CODE 96950
8. CASE NUMBER CR 04-00038	9. JUDGE Alex R. Munson	DATES OF PROCEEDINGS			
		10. FROM		11.	
12. CASE NAME U.S. v. Eric John T. Mafnas, et al.		LOCATION OF PROCEEDINGS			
		13.		14.	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				01/06/2006	
<input type="checkbox"/> BAIL HEARING				Motion To Dismiss Indictment	
17. ORDER					
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		127.82
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	127.82
18. SIGNATURE 			PROCESSED BY FILED Clerk District Court		
19. DATE 3/2/06			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS MAR 03 2006 For The Northern Mariana Islands By _____ (Deputy Clerk)		
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES	127.82	
TRANSCRIPT RECEIVED			LESS DEPOSIT	127.82	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	127.82	

(Previous editions of this form may still be used)

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